

FD MAY 20 1948 274
Registration District No. _____

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County. Pettis
(b) City or town. Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1225 Spring St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 years (Specify whether years, months or days)
In this community. _____

3. (a) PRINT FULL NAME Charles Wade Comfort

3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Ada Comfort 6. (c) Age of husband or wife if alive. 59 years
7. Birth date of deceased December 1, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Georgetown, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer---retired

11. Industry or business _____

12. Name James Comfort
13. Birthplace Bowling Green, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Jenkins
15. Birthplace Bowling Green, Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ada Comfort (wife)

(b) Address 1225 Spring St., Sedalia, Mo.

17. (a) Burial (b) Date thereof 4/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lemonte, Missouri

18. (a) Signature of funeral director Bowling Green, Mo.

(b) Address 4/8/43

19. (a) 4/8/43 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pettis
(c) City or town. Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1225 Spring St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

April 5

20. DATE OF DEATH: Month _____ day _____
year 1943 hour 9:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 1943 to April 5, 1943
that I last saw him alive on April 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of malar-
gum 2 feet and
Ophthalmia
(ophthalmic)
Went blind
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Sedalia, Mo. Date signed 4/8/43

Dr. Snively

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-19-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----

-----, Registered Apprentice No. -----
working under my personal supervision.

Signed -----

Licensed Embalmer No. 1407

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.